| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | |
| FEE DETERMINATION | E.H | | 05-02-01 |
| O.I.P.E. CLASSIFIER | ma | | 5/21-01 |
| FORMALITY REVIEW | CV | 503 | 06-26-0 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

| | | | | |
|---|---|---|---|---|
| ✔ | .................................. Rejected | N | .................................. Non-elected |
| = | .................................. Allowed | I | .................................. Interference |
| — | (Through numeral)... Canceled | A | .................................. Appeal |
| ÷ | .................................. Restricted | O | .................................. Objected |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)